

File with:				The many of the	er egypa
lowa Ethics and Campaign Disclosure Board					
510 E. 12th. Ste. 1A			~		and and
Des Moines, lowa 50319 Fax: 515-281-4073		ONS, SEE BACK OF FORM E SUMMARY PAGE			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
COMMITTEE NAME (Must b	e same as on Statement of Or	· ,			
Lung Bet	trail for Si	Rool Board	1 1	FORM	
IMPORTANT: Indicate by # type	of committee you are reporting to	r 71	-	DR-2	DISCLOSURE
(1)Statewide/Legislative/Judge	Standing for Relention Candidate	(2)State PAC (3)State Party adidate (7)School Board or Other Polit	9 1	(Rev. 07/2007)	REPORT
Subdivision Candidate (8)Cour	ity PAC (9) City PAC (10) School	of Board or Other Political Subdivision P	AC (or Office Use On	
11) Local Ballot Issue	ONLY.			Comm. #	
CANDIDATE COMMITTEES Candidate Name	UNLY:	Political Party (if applicable			
			' 11		
Office Sought		District (if Senate or House		Audited	
		biodiat (ii colidate of 170000	<u> </u>		
BIR	1	Pursuant to lowa Code sections 68B.: 7/2 - 202 - 02 TELEPHONE	_	18A.401(3), the ca	
SIGNATURE OF PERSON FI	MIG REPORT	TELEPHONE		DATE S	IGNED
I AM EILING A		REPORT FOR (1) ELECTION	OM ((2)NON	ELECTION VE	A.P.
	eport date)	indicate i		PELECTION 1E	n.
•	O REPORT DATED		″ <u>" </u>		
DOUGH IL YMEIADMEIA	O REPORT DATED		Local Co	mmittees, enter Da	e of Election
Check if this is final (termin (You must continue t	ation) report and attach Notice to file reports until a DR-3 is file			Local Committees ection is held	enter County in
STATEM	ENT OF CASH ON HAN	ND			
CASH ON HAND at the begin committee. This amo of the last reporting p	ount MUST be the same as the	Total of all funds held by the e cash on hand at the end first report filed.)	5		54.44
ADD TOTAL MONE	Y TAKEN IN THIS PERIOD				00.00
Schedule A: Cash C	Contributions total (Attach Scho	adule A) (*also see in-kind below)		2.7	00.00
	•	le F)			
	•	itach Schedule H)			
	H applies to Candidates' Cor	•			
		SUB-TOTAL			
SUBTRACT TOTAL	MONEY SPENT THIS PERK		•		
		 B) (**aiso see debts and loans belo	14/\	332	4.62
		fulo F)	-		
		eport balança must be zero)		24	4.62 .82
	·				, LA
		nedule E)			2.21
		dule F)	\$	·	
CONSULTANT BREAKDOW	•		_	YES	NO
CANDIDATE COMMITTEES					
	PERTY (From Schedule H - A	•	s		
STATE COMMITTEES: Subr	nit a reconciled campaign acco	ount bank statement in January of e	ach year.		

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE	NAME (Must be sa	me as on Statement (of Organization)
		for School	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for solliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DO/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
9/7	ID#	Ron Runge 2400 Linden wood Sioux City; IA 51104	NA	\$ 25-	
9/10	ID# 9759 CK#	PMPA - Peacemakers Folitical 6000 Gordon Dr. Action 51106	nA	1500.	
9/10	CK#	Nancy Graham 101 E. 4th St. #1 South Sloux City, NE 68776	nA	50-	
9/10	ID# CK#	Beth Collier azia Nebraska St. Sign City #A 51104	nA	50-	
9/10	CK#	Benjamin Bankson 3321 Indiana Ave. Sieux City, IA 51/06	nA	50-	
9/5	ID# CK#	Fileen Daniels 52 Red Bridge Dr Sloux City #A 51104	nA	100-	
9/5	CK#	Kathleen Gordon 2627 Williams Ave Sioux GW #A 51106	nA	50-	
9/5	ID# CK#	Amy Rochester 130+ 46+ 5+ 5104 CM IA 5110+	nA	25-	
9/5	ID# CK#	Dong Kotrselman 2826 Nebraska St. Sioux City, IA 51184	nA	50-	
9/5	CK#	Cindy Rehan 6106 Four Seasons Dr. Sigux City #A 51106	nA	50-	
		,	SUB-TOTAL	1 /950-	

TOTAL (If last page of this schedule)

Page / of 2

Disclosure law requires cendidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consequinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Lynn Betzoid for School Board

SCHEDULE

A
(Rev. 07/03)

CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
9/4	CK#	Tricia Albright 1234 S. Fairmount St. Slow City IR 511 06	nA	^{\$} 50 -	
9/16	CK#	Dana Adamson 715-38+ 5+ Sloux Cin +A 51/04	NA	50-	
9/16	CK#	any Figueroa. 31 STEWART AVENUE	nA	50-	
	ID# CK#	STOUX CITY, IA 5/104	,		
11/6	CK#	Larry Williams 1754 Aztec Circle Sioux City, # 51104	nA	100-	
12/29	ID# CK#	Lynn Betzold 29 Congress Ave Sioux City # 51104	self	500-	
· · · · · · · · · · · · · · · · · · ·	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID#				
			SUB-TOTAL	. 750	

TOTAL (If last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of contanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC AME	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

LYAN Betzold for School Board

	T DE 12010	101 3C1101 1504	· · · · · · · · · · · · · · · · · · ·	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Diedursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/11	ID# CK# 107	Mail house POBOX 1105 Sioux City #451105	mailing addussing + tabbing	\$ 837.78
9/10	CK# /09	Lynn Betzold Ave reimbursed	-reimbursod	500,00
9/20	ID# CK# //O	Wells Fargo Card Serviced PO Box 6412 Carol Stream, IL 601	421.75 Safeguard 7 a93.50 S.C. Journal (inserts)	715.25
%	ID# CK# ///	Creative media. Solutions 313-30th St. / Stuny	creation of	400.00
9/6	CK# // 2_	Safeguard PO BOX 5456 SIOUX CITY IA 51102	Balance en tri-fold printing	260,66
12/29	ID# CK# //3	Safeguard"	Final balance on all printing	610.93
	ID# CK#			
	ID#			
	CK#			
			SUP TOTAL	A

SUB-TOTAL \$

TOTAL (if last page of this schedule)

3324,60

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property coating \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lower Code 68A.402(3)(i).)

	2		- 1
Page		of	 •

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE

COMMITTEE NAME (Must be same as on Statement of Organization) Lynn Betude for School Borns				(Rev. 06/97) CHECK AMEND	IN-KIND CONTRIBUTIONS THIS BOX IF ING FORM	
DATE RECEIVED	NAME AND ADDRESS	RELATIONSHIP TO CANDIDATE	DESCRIPTION	ESTIMATED	√ IF FOR	
(MM/DD/YR)	OF CONTRIBUTOR	" (if applicable)	OF IN KIND CONTRIBUTION	FAIR MARKET	FUND-RAISER CONTRIBUTION	
9/11/07	Mail Harse POBOY 1105 Sixua Lity It 5102		Difference in page to brack mails	، حاد ۱٫۰		
8/31/07	Mill House po Box 1105 Sioux City, IASILOZ Bryan +Ly & Botzall 29 Corgress Avenue Sioux City IA SILOY		Difference in the Regular marky to book miling	250.29		
May thru September	29 Congress Avenue 504 City IA SILOY	Se.F	Mile gge 1433@.485	#695.01		
			SUB-TOTAL	\$		
	page of this 1, 256.69					
by marriage). (requires candidates to disclose the relationship of any alionship must be shown to the third degree of consea See Page 2 of forms packet.) If sumame of contribut hip, enter "not applicable" in the relationship column.	nguinity (blood relativ		Page	of for Schedule E)	